



Catoosa County Fire Department

5282 Evitt Street
Ringgold, GA 30736
(706) 935-2001 • Fax: (706) 965-7414

To Whom It May Concern:

Attached is my application for volunteer membership with the Catoosa County Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the Catoosa County Fire Department.

I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; a resident of Catoosa County or in its vicinity; hold a current Georgia or Tennessee driver's license; have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Catoosa County Fire Department. I also consent to the interview of any references provided herein, and to a background investigation. I understand that I may be subject to an agility test, a physical examination and a drug screen.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the Catoosa County Fire Department without recourse.

Applicant's Signature

Date of Application

IMPORTANT!!!

Deliver or mail this application to the Catoosa County Fire Department, Station 1 or to the Catoosa County Human Resources Department.

Catoosa County Fire Department
Station 1
5282 Evitt Street
Ringgold, GA 30736

Catoosa County Human Resources
800 Lafayette Street
Ringgold, GA 30736

Checklist Of Items To Include With Application

- A copy of your driver's license
- A copy of your High School Diploma or GED certificate
- Copies of fire service training records and certificates

CATOOSA COUNTY FIRE DEPARTMENT

Application for Volunteer Membership

Please PRINT all information.

| Personal Information | | | | |
|---|-----------------|---------------------|----------------|-------------------------------------|
| Last Name: | | First Name: | | Full Middle Name: |
| Current Address (No P.O. Boxes): | | | | Sex Male Female |
| Home Phone: | Work Phone: | Cell Phone: | | |
| Alternate Phone: | Email Address: | | | |
| Military Service | | | | |
| Have you ever served in the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", branch: _____ | | | | |
| Dates of Service: from / / to / / Type of Discharge: _____ | | | | |
| Employment History | | | | |
| Present Employer: | | Supervisor's Name: | | Supervisor's Phone: |
| Work Address: | | | | Position Held: |
| | | | | How Long With Present Employer: |
| Work Schedule: | | Shift Length: | | |
| Straight Days | Straight Nights | 8 Hour Shifts | 12 Hour Shifts | |
| Straight Evenings | Rotating Shifts | 10 Hour Shifts | 24 Hour Shifts | |
| If less than five (5) years with present employer, list previous employer(s) | | | | |
| Employer Name: | | Address: | | |
| Phone: | | Reason for Leaving: | | |
| Employer Name: | | Address: | | |
| Phone: | | Reason for Leaving: | | |
| Employer Name: | | Address: | | |
| Phone: | | Reason for Leaving: | | |
| Education | | | | |
| Institution Name | State | Dates of Attendance | | Did you Graduate? |
| | | From | Until | |
| High School | | | | |
| College | | | | |
| College | | | | |
| College | | | | |
| If you did not graduate from high school, did you attain a GED? | | | | YES NO |
| If yes, in what state did you receive your GED _____ | | | | |

Fire Fighting Experience and Training

| | | | |
|--|---------|------|--------------|
| Have you previously been a member of one (1) or more Fire Departments? | | YES | NO |
| Fire Department Name | Address | From | Member Until |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|---|-----|----|
| Have you attended any fire fighting schools previously? | YES | NO |
|---|-----|----|

If yes, include copies of any certificates you have received with this application.

References

| | | |
|---|-----|----|
| Have you previously applied for membership with Catoosa County Fire Department? | YES | NO |
| Are you now a member of another Fire Department? | YES | NO |

List any members of the Catoosa County Fire Department with whom you are acquainted.

List three (3) references, other than relatives and any named above.

| Name | Address (Street, City, State, Zip) | Phone |
|------|------------------------------------|-------|
| | | |
| | | |
| | | |

Emergency Contact Information

| Name | Phone | Relationship |
|------|-------|--------------|
| | | |
| | | |
| | | |

Statement of Veracity

Review your answers carefully and read the statement below before signing:

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully.

I understand that failure to answer all questions completely and truthfully will subject me to dismissal from Catoosa County Fire Department.

Applicant's Signature

Date